

Best Practice Checklist

A busy dental practice can create a hectic environment. Best practices refer to protocols that reduce chaos and ensure a healthy business environment. Use the checklist below to ensure best practices are in place. Keep in mind all team members contribute to best practices, not just those who work directly in each department. For example, the front office should have clear guidelines for last minute cancellations, yet the entire team needs to understand and support the guideline.

Leadership

Role model expected behavior for staff

Set clear expectations with frequent follow-up

Provide opportunities for semi-annual growth conferences with staff

Lead morning huddle and monthly team meetings

Create accountability for assigned tasks

Monitor health of overhead (P&L breakdown document – start-up or established ☐ practice.)

Define and communicate clinical philosophy of care to team

Actively monitor percentage of high-fee/high-profit services

Annual fee increases

Effective onboarding program for new staff members

Employee Manual and benefits available

RDH and DA scope of service allowed by state identified and followed

Computers/monitors - 1/workstation

Practice Management Software

Communication

Daily huddle

Monthly team meetings with accountability for assigned action items

Semi-annual staff growth meetings

Annual team meeting to set goals for upcoming year

Doctor to host a meeting to communicate their vision for the practice, clinical philosophy, and growth goals

Referral requests and requests for online reviews

Front Office

HIPAA compliance in place with designated privacy officer

Daily front office huddle to verify balances to be collected

Accounts receivable management

Secure credit card processing

Petty cash balancing

Daily insurance submittal

Clear Financial Policy in place

Statement processing

Clear no-show, last minute cancellation policy in place

Signed Financial Treatment Plans for all treatment

Outside funding resources available

Patient balance collected at time of service, unless on a financial arrangement

Confirmations made with patients preferred communication method

Short call ("concierge's list") actively updated

Identify chronic no-show or late cancellation patients to prevent pre-scheduling; communicate this at the morning huddle if clinic staff schedules in the clinical area

Verify insurance for all new patients and update recare patients as needed

Update HH on an annual basis

Run monthly reports to monitor health of practice (see Monthly Report document)

Actively manage the hygiene recare system

Utilize block scheduling to create ideal days

Utilize scripting for common scheduling and financial challenges (see scripting for scheduling ☐ and financial ☐ strategies)

Insurance contracts renegotiated per contract and analyzed annually

Clinical Staff

OSHA compliance in place with designated safety officer

Supply Savings Guarantee in place for supplies with tag system ordering

Thorough transition of patient from clinical area to front office to review treatment provided and next steps

Consultative case presentation skills in place (see case presentation skills ☑)

Verify treatment provided matches posted treatment for the day via route slip or PMS

Complete post op calls for procedures identified by the Doctor

Communicate procedure to patients at onset of appointment noting anything they may expect for the next 24-48 hours when indicated

Signed treatment consent forms

Standard operating procedures for all treatment provided

Actively monitor periodontal health of the practice (see Perio Evaluation Form (7)

Actively monitor preventative services such as fluoride offerings

Transition from the RDH to Doctor at recare exams – consistently transfer relational, chief concerns, perio status, and esthetic concerns of patients

Exam completed at the mid-way mark of the hygiene recare visit

Downtime checklist for hygienists

Notes

